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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744198

1. Corporation Name

BIRD BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

606 BIRD BAY DRIVE. SOUTH
 VENICE FL 34292
 US

Mailing Address

606 BIRD BAY DRIVE. SOUTH
 VENICE FL 34292
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/07/1978

4. FEI Number

59-1936377

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT INC
 899 WOODBRIDGE RD
 VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

C. Michael Martinello
 Signature, typed or printed name of registered agent and title if applicable

C. Michael Martinello
 (NOTE: Registered Agent signature required when reinstating)

1-5-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, HELEN	
STREET ADDRESS	1052 BIRD BAY WY	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DEIBEL, MARY	
STREET ADDRESS	826 SAINTCLAIR CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETZOLDT, EDWARD	
STREET ADDRESS	774 BIRD BAY WAY	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGMAN, JAMIE	
STREET ADDRESS	831 WATERSIDE DR #106	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURGER, A.W.	
STREET ADDRESS	638 BIRD BAY DR EAST	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIGEON, GAIL	
STREET ADDRESS	994 BIRD BAY WAY	
CITY-ST-ZIP	VENICE FL 34292	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Geni Weinberg	
1.3 STREET ADDRESS	606 Bird Bay Dr. S.	
1.4 CITY-ST-ZIP	VENICE FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ED PETZOLDT	
2.3 STREET ADDRESS	606 BIRD BAY DR. S.	
2.4 CITY-ST-ZIP	VENICE FL	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMIE WAGMAN	
3.3 STREET ADDRESS	606 BIRD BAY DR. S.	
3.4 CITY-ST-ZIP	VENICE FL	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	A.W. BURGER	
4.3 STREET ADDRESS	606 BIRD BAY DR. S.	
4.4 CITY-ST-ZIP	VENICE FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JANE CODDINGTON	
5.3 STREET ADDRESS	606 BIRD BAY DR. S.	
5.4 CITY-ST-ZIP	VENICE FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHARLES CATALANO	
6.3 STREET ADDRESS	606 BIRD BAY DR. S.	
6.4 CITY-ST-ZIP	VENICE FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GONATUO SERRAVERO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

Daytime Phone #

CR2E037 (11/98)